MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

10/58703/	FILING DATE
APPLICANT(S)	

\sim T		TB	Æ	α
	. А	IЛ	И	•

	AS F	ILED	AFTER 1"AMENDMENT			AFTER 2 MAMENDMENT		AS FILED		AFTER		AFT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	
							51						
_		1				ļ	52					.	
-		7					53	· · · · · · · · · · · · · · · · · · ·			ļ	 	
\dashv		(a)			F		54 55				ļ		
		9,64					56				 		
		8					57					 	
3	********	(7)			·		58				 		
							59				 		
							60						
							61						
2		D		ļ			62						
\Box		$\boldsymbol{\varphi}$					63						
4		2					64				ļ	ļ	
5 6		93			<u> </u>		65				<u> </u>	 	
7		(2)		 -	 	 	66 67		 		 	ł	
8			-	 -		 	68		 		 	 	
		(T)					69				 	 	
		75		 	 	 	70			l	1	1	
		9			1		71				1		
:	******						72	i				1	
3							73			-			
							74		<u> </u>				
5.				ļ			75		<u> </u>		ļ		
6		ļ		<u> </u>	<u> </u>	 	76			}	 	ļ	
		 		 		 -	77		 	!			
} }				 	 	 	78 79			 		ł	
0			 	 		 	80		 		 	 	
1		 	1	1		-	81			1	 	1	
2						 	82				1	1	
3							83						
4							84						
5						<u> </u>	85		ļ		<u> </u>	ļ	
6							86	!	 		}	}	
7		 	 	 		 	87 88	ļ	 	}	 	}	
8		 	 	 	-	 	88	 	 	 		1	•
,		 	ł		 	 	90	1	+		 	1	
_		 	1			 	91	 	 	 	1	 	
		1	1			 	92		 	1	1	1	•
							93						
1							94						
5							95						
6		ļ	ļ	<u> </u>	!	<u> </u>	96	<u> </u>	 		 	<u> </u>	
Γ		 		 	 	ļ	97	<u> </u>	ļ	ļ	ļ	 	
	<u> </u>	 			 	ļ	98		 				
		 	 	-	 	 	99						_
AL.			 	 _	 	+	100	 			+	 	
).] 🗣		, ♣		J ■	IND.] 🗣] 🛡	<u></u>	
TAL EP.	21	+		+		(=	TOTAL DEP.		(=		4		
TAL AIMS	2						TOTAL CLAIMS						